

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: VALKIRS et al.

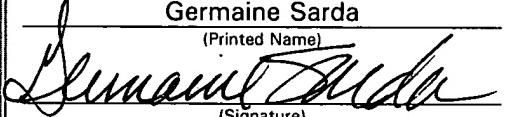
Title: DIAGNOSTIC MARKERS OF STROKE AND CEREBRAL INJURY AND METHODS OF USE THEREOF

Appl. No.: Unknown

Filing Date: Herewith

Examiner: Unknown

Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL990321822US November 14, 2003	
(Express Mail Label Number)	(Date of Deposit)
Germaine Sarda	
(Printed Name)	
 <small>(Signature)</small>	

CONTINUING PATENT APPLICATION
TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION
 Commissioner for Patents
 PO Box 1450
 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[] Continuation [] Division [X] Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- Specification, Claim(s), and Abstract (129 pages).
- Application Data Sheet (37 CFR 1.76).
- Return postcard

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	\$770.00
Total Claims:	31	- 20	= 11	x \$18.00	= \$198.00
Independents:	3	- 3	= 0	x \$86.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+ \$290.00	= \$0.00	
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration			+ \$130.00	= \$130.00	
			SUBTOTAL:	= \$1098.00	
[] Small Entity Fees Apply (subtract ½ of above):				= \$0.00	
			TOTAL FILING FEE:	= \$1,098.00	

- A check in the amount of \$1,098.00 to cover the filing fee is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By Barry Wilson

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Date November 14, 2003

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